

## CANDIDATE COMM

MICHIGAN DEPARTMENT OF STATE **Bureau of Elections** Type or Print Clearly 3. Type of Filing Committee Identification No. □ Original X Amendment to Item(s) Date Change Took Place 2. Full Name of Committee 00069133 Year Month Day County of Residence 4. Candidate Name Party (if applicable) Office Sought (include district or jurisdiction served) Macomb County Public Works Commissioner 5a. Committee Mailing Address (if different from street address) 5. Committee Street Address (street, city, state, zip code) Area Code and Phone 8. Full Name and Mailing Address of Treasurer 6. Date Committee Was Formed Day 7. Committee Area Code and Phone 9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, Area Code/Phone leave this item blank. Mailing Address Name 10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. 11. Names and addresses of depositories or intended depositories of committee funds (list both official depository 12. This item applies only to a gubernatorial Candidate Comand any secondary depositories). **⊕**... Check if this committee intends to seek qualifying contributions for public funding. 13. Verification: I/We certify: frat all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief. **C** Stephen M. Rice Treasurer Type or Print Name 6-5-92 Steve Rice Signature Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund) | 14b. Full Name and Address of Treasurer of 14a. Full Name and Address of Officeholder Name and Address Officeholder Expense Fund Expense Fund

14c. Officeholder Expense Fund Depository

CFR 101 (5/89)

Authority granted under Act 388 of 1976, as amended.



## STATEMENT OF ORGANIZATION POR CANDIDATE COMMITTEE

	MICHIGAN DEPA	of Elections	ł	_3 ****
ype or Print Clearly	9219	14013		
Committee     Identification No.		3. Type of Filing  Original		
06069133		Amendment to Item(s)		
2. Full Name of Committee		Date Change Took Place		
Friends of STEVE R	RICE	5	7	92
		Month Paristance	Day	Year
4. Candidate Name		County of Residence	acomb	- 1
STEVE RICE				
Office Sought (include district or jurisdiction served)		Party (if applicable) Republican		
Macomb County  5 Committee Street Address (street city state zin code)		5a. Committee Mailing Address (if different from street address)		
5. Committee Street Address (street, city, state, zip code)		5a. Committee Walling Address in different from silect address?		
5427 Southlawn Sterling Heights, MI 48312		Same		
goor ing margaret,		, 1		
6. Date Committee Was Formed	8, Full Name and Mailing Addr	ess of Treasurer	Area	3 Code and Phone
5 7 92				
Mo. Day Yr.  7. Committee Area Code and Phone	Some AS ABOUR			
(313) 93936726	OLIMIC AS A BOUR			
9. Identify the person who will be responsible for the	in the second condition	Statement filings If committee's	e troseuror will ba	ndla thase responsibilities
9. Identity the person who will be responsible for the leave this item blank.   Name	e committee's records and Campaign Mailing Address	Statement limigs, in committees	s (roaderer will rice	Area Code/Phon
(Vanie				_
~				
10 REPORTING WAIVER SECTION	·	E C1 000 00 as as alastian		
The Committee Toos NOT expect to				
11 Names and addresses of depositories of and any secondary depositories.	r intended depositories of comm	ittee funds (list both official	depository	12. This item applies only to a gubernatorial Candidate Com
Comerica	14/Mound			mittee.  Check if this committee
Mich. Nat. Bank	Utica/Van Dyke			intends to seek qualifying
7				contributions for public funding
			etatamant and	that the contents are true, accurate and
13 Verification I/We certify that all reason complete to the best of m		preparation of the above s	statement, and	that the contents are true, occurate and
		9	_	
STEPHEN M. RICE	/ 5	ym ali	<u>`</u>	Date 5-22-92
Treasurer TEPHEN M. K. CC		Signs	ature	Mo Day Yea

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a Full Name and Address of Officeholder Expense Fund

Steve Rice

Type or Print Name

Candidate .

CFR 101 (5/89)

i 14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address

Authority granted under Act 388 of 1976, as amended.



## MICHIGAN DEPARTMENT OF STATE Campaign Finance Reporting

## STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE



/pe or Print Clearly

	14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)
Date Mo. Day Yea	Candidate Type or Print Name STEPHEN M. RICE  Signature  Signature
	Treasurer
are true, accurate and complete to the best of my/our knowledge or belie	13. Verification:  1/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and comple
Check if this committe intends to seek qualifyin contributions for publifunding.	11. Names and addresses of depositories or intended depositories of committee funds; indicating both original and any securiously depositories.  NATIONAL BANK OF DETROIT BRANCH #60 STERLING HE19HTS
] # E	10. REPORTING WAIVER SECTION ☐ The Committee does NOT expect to receive or expend in excess of \$500.00 in an election
12. This Item Applies Only To	Area code and phone: 939-6726
	TREASURER TBA
Area Code/Phone	CANDIDATE WILL BE Name Title or Position Mailing Address
Ama Code Bhone	nittee, other than the 1
313 - 939 - 6726	
ommittee area sode and pho	
Mo 9 5 Pay 17 7.84	SUTBERNO
6. Date Committee was formed	Party (if applicable): N A State, Zip Code)  5. Committee Street Address (Street, City, State, Zip Code)  5. Committee Mailing Address
אפי וות אור	C 0 174 B
7 5 00 KM	4. Candidate Name: STEPHEN M. KICE Office Sought: MACOMS COUNTY COLLEGE TRUSTEE (6 VEAR TERM)  Effective date of amendment:
Indicate by term number(s) which item(s are being dranged; o	33-50 COMMITTEE TO ELECT STEFFEN NEW Amendment
If amendment, complete items 1, 2, 3 and 13 in addition to the item(s) changed	2. Full Name of Committee
	Type or Print Clearly

14a. Full Name and Address of Officeholder Expense Fund:

14b. Full Name and Address of Treasurer of Officeholder Expense Fund:

14c. Officeholder Expense Fund Depository Name and Address: